**The Skyrman Techno Fund Application Form**

Before completing this application, please read the Grant Application Information document to make certain that you understand the application requirements and process. Submit completed application forms electronically to [adrake@oregoncf.org](mailto:adrake@oregoncf.org).

The annual application deadline is October 1 at 11:59 p.m.

**The fund supports projects in Jackson County only.**

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| **Applicant Name** | | | | | | | | | | Prefix (Mr., Ms., etc.) | |  |
| Name | |  | | | | | | | | | | |
| Title | |  | | | | | Email | |  | | | |
| **School/Organization** | | | |  | | | | | | | | |
| Address | | | |  | | | | | | | | |
| City |  | | | | | State |  | | | Zip code | |  |
| Phone # |  | | | | | Website |  | | | | | |
| **School District** | | | |  | | | | | | | | |
| Superintendent | | | |  | | | | | | Prefix (Mr., Ms., etc.) | |  |
| Address | | | |  | | | | | | | | |
| City | | | |  | | State |  | | | Zip code | |  |
| Project Title: | | | |  | | | | | | | | |
| Brief description of the project: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Number of students involved: | | | | |  | | | Age/grade level of students: | | |  | |
| Total cost of project: | | | | |  | | | Funds available: | | |  | |
| Amount requested from the Skyrman Techno Fund: | | | | |  | | | | | | | |
| What skills and/or knowledge will students gain as a result of participating in the project? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Describe the population of students who will participate in this project, particularly noting if they are disadvantaged in any way. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| How will these funds be used? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Project timeline: | | |  | | | | | | | | | |
| Project partners and roles, if any: | | | | | | | | | | | | |
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